

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/056 348 FILING DATE

APPLICANT(S)

7/21/05

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
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37				
38	1			
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41				
42				
43				
44				
45				
46				
47	1			
48	1			
49	1			
50	1			
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

1	7/21/05	1	7/21/05	1
51		1		
52		5		
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99				
100				
TOTAL IND.	1			
TOTAL DEP.	10			
TOTAL CLAIMS	11			

BEST AVAILABLE COPY